

DEPARTMENT OF EDUCATION

KAUAI COMPLEX AREA

October 13, 2005

ADDENDUM A

TO

REQUEST FOR PROPOSALS

No. RFP F06-078

SCHOOL BASED BEHAVIORAL HEALTH SERVICES

The following change is hereby made to:

1. Section 5 Attachments, Attachment F

Please replace Attachment F - Psychiatric Medication Evaluation with the following revised Attachment F.

Please note changes in heading titles and section requirements.

Psychiatric Medication Evaluation

Identifying Information

Name: *(last name first, first and middle)*

Sex: *(male or female)*

Date of Birth: *(e.g., March 2, 1987)*

Age: *(e.g., 10 year 9 month)*

Legal Guardian:

School: *(school last attended or
currently attending)*

Grade:

Date of Interview: *(multiple dates if applicable)*

Date of Report: *(report completion date)*

Referral Source:

Examiner: *(name & degree)*

IDEA/504/SEBD status:

Reason for Referral

Student requires a psychiatric medication evaluation, to determine current mental health needs and recommendations, as part of the IDEA/MP requirements, or specific reasons/purposes posed by referral source.

Sources of Information

Interviews (minimally subject student, parents/guardians or significant others, and school staff/service provider). Other interviews (psychiatrist, probation officer, DHS worker, FGC care coordinator) and past and current medical and legal records, school records, and previous/current emotional/behavioral evaluation records may assist the assessment update.

Current Problems and Concerns

Student's subjective complaints (symptoms) & observed findings (signs) of teachers/guardians, main concerns from parent and other referral source(s).

Mental Health History

Interval history of interventions, changes in treatment approach, acute hospitalizations and other crises.

Medical History

Factors such as illnesses and accidents, treatments received (surgical operation and medications), loss of consciousness, congenital deformity, hospitalization, immunization, allergies, hearing and vision problems, chronic and/or familial diseases. And, if physician evaluator, a review of systems.

Assessment Tools and Data

List names of tools. Report data and source. BASC2, Connors, Children's Depression Inventory, Sentence Completion and any other tools used. Data from each measurement tool noted above

Current Medication

Current prescription medication(s) (name; dosage, administration time, potential side effects), target behavior/symptoms, student progress (compliance, effectiveness in controlling symptoms, etc., including feedback from parent and school).

___ Psychiatric Medication Evaluation

Name: *(last, first, middle)*

Date of Birth: *(month, day, year)*

Psychosocial and Developmental History

Developmental History

Birth history such as pre-natal maternal complications or fetal distress, peri- and post-natal history (e.g., difficult labor, jaundice, premature delivery, other maternal and infant complications), birth weight and length, Apgar score, developmental milestones

Family History

Family origin or parental ethnicity, parental marital status and relationships, relationships among family members, parenting style, parental or family history of mental illness history (genetic predisposition), siblings, parental availability to children's needs).

Substance Abuse History

History of substance use/abuse, kinds of abused drugs/substances and age at first usage of each drug, frequency and quantity consumed, alone or with others, drug sales and associated legal problems, family history of substance abuse, attitudes towards substance use/abuse. State whether student has attempted to discontinue drug use and with what effect.

Mental Status Examination

Appearance, attitude, behavioral observations. A general description include presence of any physical deformity or handicap.

Orientation: *(time, place, person).*

Affect and Mood: *engagement pattern, eye contact, affect, depression, recent and past mood swings (depression, euphoria, excitement or irritability, noting frequency and duration of mood swings), and anxiety (including autonomic nervous system signs, e.g., flushing, perspiration, shortness of breath, palpitations, etc.). Psychomotor activity level. Speech pace, note any acceleration or delay.*

Thought content/processes: *fund of knowledge, intelligence, cognitive processes, and memory. Serial subtractions of 7's, presence/absence of any abnormal perception (hallucinations or illusions), cognitive distortions (paranoid thoughts or other delusions), attention span & distractibility, memory impulsive behavior, thought (content and processing), speech (enunciation, age-appropriateness, or unusual content or preoccupations).*

Suicidal or homicidal ideation or threats; *risk assessment.*

School observation (strongly recommended) *or data from school.*

Physical Examination

****Strongly recommended when evaluator is physician.** *Include blood pressure, pulse, height and weight as vital signs. Note obvious serious physical findings. Include a mini-neurological examination minimally noting presence or absence of tics (motor or vocal), tremors, or other abnormalities of movement. Include data from any movement scale used in the evaluation.*

____ Psychiatric Medication Evaluation

Name: *(last, first, middle)*

Date of Birth: *(month, day, year)*

Summary and Formulation

Reason(s) and rationale to support a diagnosis and to rule out others, to be based on biological, psychological, social and cultural factors and models. Vulnerabilities and protective factors should be also included if possible.

Diagnostic Impressions (DSM-IV)

All five axes diagnoses should be listed in the order of clinical importance with first diagnoses being the focus of current interventions.

DO NOT list Rule Out (R/O) diagnoses. If a certain diagnostic entity is suspected but not yet clearly ascertained, include discussion or plans for clarifying or following-up either in formulation or recommendation section. On Axes I and II: if using NOS [not otherwise specified] delineate what features of diagnosis are lacking.

Recommendations

List recommendations in the order of biological, psychological, social and/or cultural areas of treatment/management interventions.

For school, services, follow-up assessments, transition planning, recommended follow-up clarifications.

Provider Information

Signature

Name and degree(s) of the evaluator

The position and name of institution/organization of the evaluator is affiliated (if indicated and appropriate).